

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Croft (RCH) Limited

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Tel: 01983752422

Date of Inspection: 28 May 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✗	Action needed
Staffing	✓	Met this standard
Supporting workers	✗	Action needed
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	The Croft (RCH) Limited
Registered Manager	Miss Sharon Anne Alsop
Overview of the service	The Croft (RCH) Limited is registered to accommodate up to 21 people. The home provides a service to older people who do not have nursing care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke with 11 of the 20 people who were living at the home. With the exception of one person, all people were very happy with the way they were cared for. One person told us "staff are very attentive". Another said, "I am very happy here, no complaints, no hassle, the carers bend over backwards for me, they genuinely care, I cannot fault the care". A person told us the carers "take me out for tea which is enjoyable". Another person told us "if they are short staffed the manager and deputy manager would always muck in and help with the caring duties".

We spoke with care staff who were aware of how people should be supported, their individual likes and dislikes and the help they required. Staff stated they felt they had sufficient time to meet people's needs. Staff also told us they had attended relevant training and had all the necessary equipment to care for people safely.

We spent time observing care in communal areas. We found people had positive experiences. We observed staff were courteous and respectful of people's views. Choices were offered and the care we observed corresponded with care plans and risk assessments viewed.

Staff were receiving training and were generally available to meet people's needs however, there was a need to implement plans for supervision and appraisals. Concerns about security and fire exits identified previously had not been addressed. A range of quality monitoring procedures were in place.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 13 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights. They were cared for by staff who were informed about their care needs and were able to meet people's individual needs.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three care plans and related records of care people had received. We also looked at some specific parts of other care plans. One person said they were aware of their care plan. They said "I am aware of it and it is updated when necessary". Care plans followed a consistent format and included relevant individual information and risk assessments. These included how people should be supported to meet their personal, health and social care needs. Risk assessments identified action required to reduce risks. We saw care plans and risk assessments were reviewed each month and equipment listed in care plans was available for people. Records of care which had been provided including personal care, food, fluid and position changes charts were seen. These showed care as detailed in care plans was being provided. We saw people did not have cold drinks available when they were seated in the lounge. However, most people were independently mobile and were seen to move around the home. Therefore drinks commenced and then left unattended could be taken by other people. We saw staff did provide people with drinks when requested and at regular times. Fluid charts showed people were receiving regular drinks and had good fluid intakes.

We spoke with two external health professionals who were complimentary about how the service met people's needs. We observed the handover between the morning and afternoon care staff and spoke with care staff. The handover and discussions with staff showed they had a good understanding of people's needs and how to manage these. We saw people had received support with personal care. One person told us "I came in here with many bed sores and they have cleared them all up for me, I cannot fault the care". We observed a person who had her legs raised for better circulation. This showed staff were aware of people's personal care and medical needs and followed professional guidance.

We observed the use of moving and handling equipment in communal areas. Correct procedures were used at all times. We saw people were provided with explanations and

reassurance. We saw each person requiring moving and handling had been provided with their own hoist sling and slide sheets. This would ensure the correct slings would be used and reduce any risks of cross infection.

Care plans contained information about people's preferences and wishes. We also observed people being provided with choices during the inspection. An example being at lunch time we noticed various people having individual meals such as poached eggs on toast or sandwiches. One person told us they "get up when I want to". This showed staff were aware of people's needs and provided assistance as required. One care plan had a record of a best interest decision having been made in conjunction with external professionals and the person's relatives. Training information showed staff had completed training on mental capacity and deprivation of liberties. We were told one person had been externally assessed for deprivation of liberties. Therefore staff and the manager were aware of their responsibilities in relation to mental capacity and deprivation of liberties.

People were provided with a variety of activities. Care plans contained information about people's life histories and interests so staff would be aware of people's interests and preferred activities. The home employed two activities staff. We saw a person go out for an individual outing. We observed staff had time to sit and chat individually with people and took time to chat with quieter people. One lounge provided several sitting areas. We saw the TV was constantly on in one part, but not too loudly. However, classical music was playing at the other end of the room which meant nobody could hear either activity very well.

Many activities were individual and we saw a variety of activities equipment available. One person was watching a reminiscence video and appeared to be enjoying this. A person told us staff "take me out for tea which is enjoyable". Another person mentioned they "went out the previous week" but said they did not like the group activities such as bingo. One person identified "it would be good to have a worship service in the home; however someone does come to sing, play CD's and show us old coins. They can be very community spirited". The manager explained how where possible people were involved in day to day tasks. This included for example the laundry staff involving people in putting away their clean clothes. Therefore a variety of formal and informal activities were being provided.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. The manager had been proactive in identifying and addressing infection control risks.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The manager had completed an audit of infection control procedures as part of their baseline quality assurance process for the home. We were told as a result they had identified areas of infection control which required improvement. The manager said they planned to repeat the audit once new procedures had become embedded in practice. The manager said they had attended an infection control conference. They had met the infection control expert from the local hospital and invited them to complete an in depth infection control audit of the home. They were not sure when this would occur, however this demonstrated a willingness to identify any further infection control improvements which could be made.

As a result of the audit the manager had completed, we were told night staff now had specific cleaning schedules and tasks. These covered communal areas and equipment. The manager said they had also purchased lockable external waste containers. We saw external waste containers were secure and lids were in place at the start of the inspection. We were also told all mattresses had been replaced seven months prior to our inspection. The new mattresses had integrated water proof coverings for easy and efficient cleaning. The manager described how there was a procedure in place to ensure all mattresses and bed bases were cleaned monthly.

We spoke with cleaning staff. The home employed two cleaners and at least one was available every day of the week including weekends. On two days per week two cleaners were provided. Duty rosters confirmed this. Cleaners said they had sufficient time to complete all cleaning tasks. They also said they had all necessary equipment, including carpet cleaners. We saw cleaners completed a daily log of cleaning undertaken. However, the provider may wish to note they did not have a cleaning schedule detailing specific daily, weekly or monthly cleaning. They told us they knew which bedrooms required more frequent cleaning and care staff would tell them if other rooms required cleaning.

During the inspection we viewed all communal areas, bathrooms and many bedrooms. Communal areas looked clean, as did equipment and furniture in communal areas. Bathrooms also appeared clean and there were no unpleasant aromas in these rooms.

However we noted three bedrooms did have an unpleasant aroma. We returned to these rooms later and found one was in the process of being cleaned with the carpets being washed.

We found furniture, such as wardrobes and chest of drawers in some bedrooms were in need of repair or replacing. These had become damaged and would not be possible to be cleaned. We also found some bedroom carpets were stained and worn. We saw in one bedroom a new integrated washbasin and vanity unit and new carpet had been fitted. Some action had therefore been taken to replace items to make infection control easier.

There was a dedicated laundry person employed. We saw the laundry room had been recently extended and now provided adequate space for equipment. Industrial washing and tumble dryer machines were in use. These had all the necessary programmes to manage soiled laundry when required. Hand washing facilities were available in the laundry room. When viewed, the laundry room was clean and organised.

We spoke with care staff. They told us they had completed infection control training and they had supplies of disposable gloves and aprons. We saw these when we visited. We also found the home was using disposable commode pots and male urinal bottles. These were immediately emptied and disposed of following use requiring no cleaning. Anyone requiring moving and handling equipment had their own individual hoist sling and slide sheet. We were told these were laundered at night and spares were available should these be required whilst they were being laundered.

There have been no infection control outbreaks or concerns reported from this location. The local environmental health department had awarded the home five stars (the maximum) for food hygiene. We spoke with external healthcare professionals, none of whom raised any concerns about infection control or cleaning at the Croft. Therefore appropriate actions were in place to manage the risk of infection within the home.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People, staff and visitors were not fully protected against the risk of unsafe or unsuitable premises. The provider had not yet determined or completed action to address previous concerns about fire exit doors.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Our previous inspection in October 2012 found people were inadequately protected against the risk of unsafe or unsuitable premises. Emergency exits were not risk assessed and arrangements for evacuation were inadequate. A compliance action was made. An action plan was received telling us action the home planned to take to address these concerns. This included consulting with external specialists from the fire department and local authority.

We were informed there had been conflicting advice from external agencies and professionals regarding the security of the home and fire exits. Therefore action had not yet been taken as specified on the action plan. We looked at the arrangements for exiting the building should a fire occur. Exits to the front of the home were secured with keypad locks. Anyone not knowing the keypad code would be unable to exit the home via these doors and could become trapped. The manager told us they were completing a risk assessment of the various options and would discuss this with external agencies.

At the time of the inspection in October 2012 the health and safety team from the local authority were assessing the environment. Their recommendations included fitting window restrictors to ground floor windows and for the fire door alarms to be active at all times. These would alert staff should these doors be opened. We found window restrictors had been fitted to ground floor windows and the fire door alarms were activated when we were at the home. We saw individual fire evacuation plans were in place for all people. We also found emergency bags were available containing essential information about people and the home. Fire evacuation equipment was also in place. We saw notices inside bedroom doors reminding people of action they should take if fire alarms sounded. An external company had completed a health and safety audit including fire risk assessment. We were told this had not identified any concerns. The home contracted with a local fire alarm service and they had checked all fire extinguishers in December 2012. We saw a check was completed of the fire alarm system. Bedrooms were fitted with smoke detectors, however there were no procedures in place to regularly check these were functioning

correctly. We saw risk assessments in place for some people who were able to smoke in their bedrooms. The provider may wish to note we smelt smoke in a bedroom adjacent to a room where a person was allowed to smoke.

The provider has taken steps to provide care in an environment that is suitably designed. We viewed all communal areas and most bedrooms. Most bedrooms were provided on the ground floor and accessible to people. Four bedrooms were provided on the first floor. Three of these were occupied by people able to use stairs unaided. The fourth was in use by a person who was confined to bed. Therefore, their inability to use the stairs was not a factor. With one exception all bedrooms were for single use. Some rooms had en suite facilities with others having a wash basin. We saw bedroom doors were fitted with alarms to inform staff should people enter other people's bedrooms.

There were two main communal rooms, one in use as a dining room with small quiet sitting area and the other in use as a lounge. This provided several sitting areas and a range of seating options. We also viewed bathrooms and WC's. These were suitable for people and fitted with necessary bathing aids. The manager described how they had recently attended dementia training. They were now aware of action they could take to make the home more suitable for people with dementia.

We found there were areas of the home which required redecoration or repair. One person told us their "sink had been blocked for a very long time" and the person in the next room told us their sink was also blocked. Some bedroom carpets were in need of replacing. The cleaner told us there was no rota for carpet cleaning, they were "done when required". We were told by a carer the home had been redecorated in the previous year however, some walls looked in need of repainting.

We saw evidence confirming the boilers and gas services had been checked for safety. The manager also showed us evidence and equipment to confirm checks were completed on the home's water systems to reduce the risk of Legionella or water borne infections. The homes electrical systems had been assessed at the beginning of May 2013. The home did not have a report available.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs. Appropriate staffing numbers were maintained and staff were available to meet people's needs.

Reasons for our judgement

Our previous inspection in October 2012 found no cleaning, or laundry staff were employed at weekends or weekday evening cook. This meant care staff were completing these duties reducing their availability to provide care. A compliance action was made. An action plan was received telling us action the home planned to address these concerns.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw duty roster which showed staffing levels at the home. In addition to care staff; cleaning, catering, laundry, administration and maintenance staff, together with a deputy manager and manager were employed. Staff on duty on the day of our inspection corresponded to those on the duty roster. There was an hours overlap in the morning and evening between day and night staff. This provided additional staff at these busy times. The cook now worked until 5pm, providing kitchen cover to prepare the evening meal. Additional cleaning staff had been provided, now covering seven days per week and a laundry person was also employed. The increase in catering and domestic staff released care staff from these duties enabling them to focus on care work. This showed staffing had been organised to ensure adequate staff were provided at busy times and care staff were able to focus on care duties. The provider may wish to note at lunch time we observed some people waiting for assistance and one staff member was assisting two people. A person was asked about staffing levels and said "this is a hard one, I would say satisfactory –for my needs they are fine".

Activity staff were employed throughout the week and were also available to assist at meal times. The manager told us since additional activities staff had been provided people were more settled and happy. Some people were receiving additional hours of individual support. The manager described how this was flexibly provided to meet the person's needs. The manager told us they had registered with an agency to provide ad hoc care staff. However, this would only be used in an emergency as permanent staff usually picked up any additional shifts required.

Throughout the inspection we observed staff being helpful, caring and respectful towards people. Staff were seen to speak with people in a warm and friendly manner and time was

taken to speak to quieter people. Staff were seen to have time to sit and talk with people and did not appear rushed in their duties. We asked one person if they needed help with meals, was this provided; they answered "yes". Records of care showed people were receiving appropriate care including regular changes of position and assistance with food and fluids.

We spoke with staff who felt they had sufficient time to meet people's needs. They told us how staff were organised with a senior carer on each shift directing staff work. Staff told us only one of them now took a break at a time, ensuring adequate staff were available to support people. However, we observed two staff at the same time having a cigarette break. Staff said they would work some additional shifts to cover other staff absence when required. Staff also said "if there is a problem with lack of staff, the manager and deputy manager always help out". Discussions with staff showed they were aware of people's needs and preferences. Staff told us they had completed a range of relevant training and felt they had the skills to meet people's needs.

People were positive about the staff. One person told us "staff are very attentive". Another said "I am very happy here, no complaints, no hassle, the carers bend over backwards for me, they genuinely care". Another person told us "if they are short staffed the manager and deputy manager would always muck in and help with the caring duties". The manager and deputy manager provided on call support for staff when not at the home. Overall therefore the home was providing sufficient staff with the necessary skills to ensure people had their needs met.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

Staff were receiving relevant training, however supervisions had not been occurring on a regular basis. Staff were not receiving appraisals.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff received appropriate professional development. There were specific induction plans for all groups of staff, including care and ancillary staff such as cleaners and kitchen staff. One carer told us "we shadow for two weeks during our induction training". All staff completed training such as safeguarding and infection control in addition to specific training relevant to their role. The manager showed us the training matrix which recorded staff had completed most necessary training. We saw information for staff about any due update training and staff were expected to attend training. There was an in house moving and handling trainer and assessor. Additional training from local providers was used to provide other training. We saw a local trainer had provided health and safety and control of substances hazardous to health training in April 2013. The home's administrator was updating the training matrix with certificates from this training during the inspection. We were told further training was planned from this external provider.

Some staff had completed diploma level training including medication, equality and diversity and were now undertaking mental health training. We viewed personal files which contained training certificates. These corresponded to information on the training matrix. Four senior staff had been booked to commence National Vocational Qualifications (NVQ) level 5 courses. Two courses were for care qualifications and two for management qualifications. Other staff had been booked to commence NVQ level 2 courses in care. Many other staff had a qualification in care. Staff we spoke with all said they had a care qualification. Staff told us they had lots of training and felt they had the skills required to meet people's needs. One said "we have loads of training, there is always training going on, sometimes we go for it a second and third time". Another said "I did my NVQ 3 about a year ago and we have done mental health awareness, equality and diversity". Therefore a range of training was planned and provided to ensure staff had the necessary skills and qualifications to meet people's needs.

The manager told us they were aware appraisals and supervisions had not occurred as frequently as they should. They told us two senior staff had attended supervision and appraisal training the week prior to our inspection. These staff would then supervise junior

staff and complete yearly appraisals. The manager would then supervise senior staff. This demonstrated that a plan was in place to address the concern, however this was not yet in place and occurring. The lack of appraisals and staff supervision meant staff were not appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard.

Staff told us they felt they were very supported by the manager. One said "the manager is really understanding, brilliant" another said the manager "helps us out with flexi-time and understands our problems with our children when they get sick". Most staff had worked at the home in excess of one year providing continuity for people. Many had worked there for much longer. We saw some supervision records however, as identified by the manager, these were not being completed as often as required and appraisals had not been undertaken.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. A variety of quality monitoring procedures were in place and action was taken where required to improve the service.

Reasons for our judgement

Our previous inspection in October 2012 found there was a lack of processes to identify, assess and manage risks relating to health, welfare and safety of service users. A compliance action was made. An action plan was received telling us action the home planned to address these concerns. This included the manager identifying audit procedures which could be delegated to other staff.

The provider had an effective system to regularly assess and monitor the quality of service people received. The manager had sent out surveys to people's relatives in April 2013. Three responses had been received. These were consistent and showed people were very satisfied or quite satisfied with all aspects of the service. The manager described the quality monitoring systems. The manager had completed an audit of the home using a specific audit tool. We saw where areas for improvement had been identified a plan was in place to address this. The manager said they would repeat the audit to identify if action taken had rectified the concerns. They also told us there had been a recent routine contracts review undertaken by the local authority. We were told this had identified the issue about appraisals and supervisions which the manager had initiated action to rectify.

Specific audits had been completed monthly for medication when medication returns were being processed. We were told 'spot checks' of medication administration records were also completed by senior staff. However these were not being recorded. Another senior staff was responsible for reviewing care plans monthly. We saw care plans had been reviewed monthly. The manager had requested an external specialist in infection control to complete an audit of the home. This showed the manager had audit procedures in place and was receptive to auditing by external professionals where possible. Audits were used to identify areas of improvement for the benefit of people.

The manager also completed a review of incidents and accidents such as falls and skin injuries. When incidents occurred, analysis was completed and where possible action taken to reduce the risk of reoccurrence. An example being the lounge carpet had been changed as it was felt this had contributed to some falls. Bed rail protectors were now in

use to reduce the risk of skin injuries and hip protectors were available for people at high risk of falls. We were provided with evidence of other incident reporting and analysis forms which had been completed. Action had therefore been taken to reduce the risk of reoccurrence.

We saw records of staff meetings for November 2012 and February 2013. We saw a further staff meeting was planned. These provided opportunities for information to be shared and staff views sought about any issues. Staff said the manager was very approachable and they felt able to raise any questions or concerns with them.

The manager clearly knew the people well. One person said they were "very happy" with the manager but felt they were "terribly busy with everything". Another person told us how "wonderful the manager was" adding "they will do anything for us and listen when I'm feeling worried". The manager said they had not undertaken meetings with people as the people at the home did not respond well to group meetings. The provider may wish to consider how people's views could be individually sought.

People said if they had any concerns or complaints they would raise these with the manager. The manager explained how, as a result of a complaint regarding laundry, they had employed a laundry staff member. There had been no further complaints about laundry since the staff member had been employed. Therefore people were happy to raise issues with the staff or manager and where the manager identified this as a complaint action had been taken.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
	How the regulation was not being met: People, staff and visitors were not fully protected against the risk of unsafe or unsuitable premises. The provider had not yet determined or completed action to address previous concerns about fire exit doors. Regulation 15 (1) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: Supervisions and appraisals had not been occurring on a regular basis. Regulation 23 (1) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 13 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will

This section is primarily information for the provider

report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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